

IC 27-19-2

Chapter 2. Definitions

IC 27-19-2-1

Application of definitions

Sec. 1. The definitions in this chapter apply throughout this article.
As added by P.L.278-2013, SEC.27.

IC 27-19-2-2

"Administrator"

Sec. 2. "Administrator" refers to the administrator of the office of Medicaid policy and planning appointed under IC 12-8-6.5-2.
As added by P.L.278-2013, SEC.27.

IC 27-19-2-3

"Application organization"

Sec. 3. (a) Subject to subsections (b) and (c), "application organization" means an entity that:

- (1) is a navigator described in Section 1311(i) of PPACA (42 U.S.C. 18031(i));
- (2) assists individuals with application for and enrollment in a health benefit exchange or public health insurance program; or
- (3) performs the functions of a navigator with respect to a health benefit exchange as established by the commissioner.

(b) In the commissioner's discretion, the term does not include an entity that does one (1) or more of the following:

- (1) Provides assistance with application for and enrollment in Medicaid to individuals who, based on preliminary information obtained by the entity, may be eligible for Medicaid without respect to the individuals' income or assets.
- (2) Provides individuals with general information concerning the application process for enrollment in a public health insurance program, but does not participate with the individuals in making application for the individuals' enrollment in a public health insurance program.

(c) The term does not include an entity that makes presumptive eligibility determinations concerning individuals' eligibility for enrollment in a public health insurance program.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-4

"CHIP office"

Sec. 4. "CHIP office" refers to the office of the children's health insurance program established by IC 12-17.6-2-1.
As added by P.L.278-2013, SEC.27.

IC 27-19-2-5

"Commissioner"

Sec. 5. "Commissioner" refers to the insurance commissioner appointed under IC 27-1-1-2.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-6

"Department"

Sec. 6. "Department" refers to the department of insurance created by IC 27-1-1-1.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-7

"Group health plan"

Sec. 7. "Group health plan" means a group health plan (as defined in Section 2791 of the federal Public Health Service Act (42 U.S.C. 300gg-91)) that provides health insurance coverage.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-8

"Health benefit exchange"

Sec. 8. "Health benefit exchange" means an American health benefit exchange operating in Indiana under PPACA.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-9

"Health insurance coverage"

Sec. 9. "Health insurance coverage" has the meaning set forth in Section 2791 of the federal Public Health Service Act (42 U.S.C. 300gg-91).

As added by P.L.278-2013, SEC.27.

IC 27-19-2-10

"Health plan"

Sec. 10. (a) "Health plan" means a policy or contract that provides health insurance coverage.

(b) The term includes a group health plan.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-11

"Medicaid"

Sec. 11. "Medicaid" refers to the federal Medicaid program (42 U.S.C. 1396 et seq.).

As added by P.L.278-2013, SEC.27.

IC 27-19-2-12

"Navigator"

Sec. 12. (a) Subject to subsections (b), (c), and (d), "navigator" means an individual who:

(1) is described in Section 1311(i) of PPACA (42 U.S.C. 18031(i));

(2) assists other individuals with application for and enrollment in a health benefit exchange or public health insurance program; or

(3) performs the functions of a navigator with respect to a health benefit exchange as established by the commissioner.

(b) In the commissioner's discretion, the term does not include an individual who does one (1) or more of the following:

(1) Provides assistance with application for and enrollment in Medicaid to other individuals who, based on preliminary information obtained by the individual, may be eligible for Medicaid without respect to the other individuals' income or assets.

(2) Provides other individuals with general information concerning the application process for enrollment in a public health insurance program, but does not participate with the other individuals in making application for the other individuals' enrollment in a public health insurance program.

(c) The term does not include an individual who makes presumptive eligibility determinations concerning other individuals' eligibility for enrollment in a public health insurance program.

(d) The term does not include a representative authorized by an individual to perform functions on behalf of the individual in connection with Medicaid.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-13

"Person"

Sec. 13. "Person" means an individual or an entity.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-14

"PPACA"

Sec. 14. "PPACA" refers to the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152).

As added by P.L.278-2013, SEC.27.

IC 27-19-2-15

"Public health insurance program"

Sec. 15. (a) "Public health insurance program" refers to health coverage provided under a state or federal government program.

(b) The term includes the following:

(1) Medicaid (42 U.S.C. 1396 et seq.).

(2) The healthy Indiana plan established by IC 12-15-44.2-3.

(3) The children's health insurance program established under IC 12-17.6.

As added by P.L.278-2013, SEC.27. Amended by P.L.213-2015, SEC.254.

IC 27-19-2-16

"Qualified health plan"

Sec. 16. "Qualified health plan" means a health plan that has been certified under Section 1301 of PPACA (42 U.S.C. 18021(a)) to meet the criteria for availability through a health benefit exchange operated in Indiana.

As added by P.L.278-2013, SEC.27.

IC 27-19-2-17

"Secretary"

Sec. 17. "Secretary" refers to the secretary of family and social services appointed under IC 12-8-1.5-2.

As added by P.L.278-2013, SEC.27.